

**APPLICATION FOR UNITED STATES PATENT
DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COLLAPSIBLE PROTECTIVE COVER

described and claimed in the specification:

- * a. ☒ attached hereto.
b. ☐ filed on _____ as Application No. _____ and amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above.

I do not know and do not believe that the claimed invention was ever known or used in the United States of America before my invention thereof, or patented or described in a printed publication in any foreign country before my invention thereof or more than one year prior to this application, and that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative(s) or assign(s) more than twelve months (for a utility patent application) or six months (for a design patent application) prior to this application.

Under Title 35, U.S. Code §119, the priority benefits of the following United States provisional application(s) and/or foreign application(s) filed by me or my legal representatives or assigns are hereby claimed:
None

Under Title 35, U.S. Code §120, the priority benefits of the following United States application(s) and/or PCT international application(s) designating the United States of America filed by me or my legal representatives or assigns are hereby claimed:
None

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):
None

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, U.S. Code §112, I acknowledge the duty to disclose information that is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 and that is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, that occurred between the filing date of the prior application(s) and the National or PCT International filing date of this application. (37 CFR §1.63(e))

I hereby appoint the following as my attorney of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

Auzville Jackson Jr., Reg. No. 17,306 and Peter A. Shaddock II, Reg. No. 44,331

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO:

**KAUFMAN & CANOLES
ATTN: PETER A. SHADDOCK II
150 WEST MAIN STREET
P.O. BOX 3037
NORFOLK, VIRGINIA 23514-3037
TELEPHONE (757) 624-3342**

Page 2 OF U.S.A. DECLARATION FORM

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 **Typewritten Full Name
of First or Sole Inventor**

David	A.	Arias
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

David A. Arias

3 ****DATE OF SIGNATURE:**

October 20, 2008

Residence:	Virginia Beach	Virginia	U.S.A.
	City	State or Province	Country

Citizenship: U.S.A.

Post Office Address:
(Insert complete mailing address, including country)

811 Bishopsgate Lane
Virginia Beach, VA 23452 U.S.A.

1 **Typewritten Full Name
of Second Joint Inventor (if any)**

Given Name	Middle Initial	Family Name
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2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
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Residence:	City	State or Province	Country
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Citizenship: _____

Post Office Address:
(Insert complete mailing address, including country)

1 **Typewritten Full Name
of Third Joint Inventor (if any)**

Given Name	Middle Initial	Family Name
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2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**

Month	Day	Year
-------	-----	------

Residence:	City	State or Province	Country
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Citizenship: _____

Post Office Address:
(Insert complete mailing address, including country)

*This form may be executed only when attached to the specification (including claims) if Box a. is checked.

**Note to Inventor(s): Please sign name exactly as it appears above and insert actual date of signing.

IF THERE ARE MORE THAN THREE INVENTORS USE PAGE 3 AND PLACE AN "X" HERE ☐

**STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(c))-SMALL BUSINESS CONCERN**

Applicant, Patentee, or Identifier: David A. Arias

Application or Patent No.: New Application

Attorney Docket No.: 0100312

Filed or Issued: _____

Title: COLLAPSIBLE PROTECTIVE COVER

I hereby state that I am:

- ☐ the owner of the small business concern identified below:
☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN Swimways Corp.

ADDRESS OF CONCERN 5816 Ward Court, Virginia Beach, Virginia, 23455 U.S.A.

I hereby state that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby state that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled: COLLAPSIBLE PROTECTIVE COVER, by inventor: David A. Arias, described in:

- ☒ the specification filed herewith.
☐ application no. _____, filed _____
☐ patent no. _____, issued _____

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

*NOTE: Separate statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR 1.27).

- ☒ no such person, concern, or organization exists.
☐ each such individual, concern or organization is listed below:

FULL NAME _____

ADDRESS _____

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 CFR 1.28(b)).

NAME OF PERSON SIGNING

David A. Arias

TITLE OF PERSON IF OTHER THAN OWNER

President

ADDRESS OF PERSON SIGNING

5816 Ward Court

Virginia Beach, VA 23455 U.S.A.

SIGNATURE



DATE:

10/20/03